Organizing a Large Community for Health Education*

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ORGANIZING a community for health education is part of the democratic process. The people of America rule themselves. They are individuals desirous and capable of standing on their own feet. The health department should help the community to understand its health problems and aid in their solution.

Health education provides a way in which every individual in the community may be enlisted to carry on a part of the health program. By providing an opportunity for them to express opinions, to find and solve problems, by allowing people to help themselves, the health education program is observing our most cherished fundamentals of democracy.

This concept of health education does not agree that a publicity campaign is an adequate program. Publicity, planned and executed by professional workers, is limited in its effect because it is passively received. It is learning and not teaching which is important in education. Without participation, there can be and will be little if any learning. Fanfare may be ignored or quickly forgotten, but hours spent in discussing the problem, in planning, in executing plans cannot help but leave some impression upon the mind of the individual.

There are, of course, many problems associated with organizing the people of any city, large or small, in a health education program based on these principles. I shall discuss what we are doing in Boston as an example of health education.

The first problem which confronted us was the question of unit areas. Should the program be built for the entire city as a unit or should it be organized in separate districts? For many reasons we favored a district or sectional organization bound together by unified administrative policy. No city of a million people has a single set of characteristics. It is, rather, a group of small communities, separate in racial origins, tastes, economic status, and even languages. The greatest number of social groups which will participate actively in the programs are limited in their membership to small sections. Even nation-wide fraternal and labor organizations have their membership separated into posts or locals. Problems, too, differ widely. Tuberculosis may be widespread in one section and all but absent in another. Time and effort would be wasted in urging the people of a section to solve a problem that was nonexistent in that section.

As community organization was to be the responsibility of health educators, it was thought best to limit the activities of each worker to a sufficiently restricted area to enable her to become thoroughly acquainted. The worker should be a person known in the dis-

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trict, both to the residents and to the other professional workers in the schools, libraries, and social agencies. She should have the opportunity for careful study of the characteristics and the idiosyncracies of her section and for becoming familiar with the facilities afforded by the district which may be valuable in the conduct of her program.

One section of the city was first selected for organization according to this plan in order to work out the basic policy which must guide the entire health education program. In this district a preliminary study was made. Vital statistics were analyzed in order to ascertain what the more pressing health problems were. Lists of professional workers, social clubs, schools, settlement houses, physicians, and dentists were compiled. The peculiarities of the district were analyzed. After the educator had thoroughly familiarized herself with these data, it was possible to begin actual organization of the district.

In Boston, the Health Department is decentralized, each of eight sections having a Health Unit. The educator was given an office in the Unit in her district so that it would be easy for the people working with her to come together for meetings and consultations. The Unit is well equipped for such meetings, having a large auditorium and several smaller rooms for conference work.

Since much health education and service begins with the private physician and dentist, the educator invited them to a meeting where the aims and policies governing the program were explained. The 30 physicians and 12 dentists were invited by personal visit. A separate meeting was held for each group. At these meetings, they were asked to select a committee of three to represent them in conference with the other groups. In much the same way, other professional workers were approached and the aims of the program were explained. These groups included the churches of all denominations, both the public and the parochial schools, the settlement houses, the Community Health Organization, visiting nurse agency, and the library.

Up to this point the program had concerned itself only with professional workers. The educator had, however, in her conversations with these workers, learned the names of many individuals living in the district who might be termed "key people." One of these accepted the chairmanship of the district committee or council. Through several conferences between the chairman, the district health educator, and the administrative consultant for the program, Professor Clair E. Turner, other residents of the community were selected to be members of the committee. In order that these lay people who were taking part in the program would not feel overwhelmed by the weight of the professional group, it was thought best to have two committees, one professional and one lay. The two were bound together by the health educator who served as secretary of each and by the chairman of the lay committee who also served as chairman of the professional committee.

The lay committee met each week. The first meeting permitted them to get acquainted with each other and with the aims of the program. They liked the idea of having an opportunity to improve their district. The section has a relatively low economic status and many of the people are employed in the large market area adjacent to it. Parts of the section enclose week-end street markets.

The committee members were frank in their evaluation of their section, and were not reluctant to acknowledge the presence of many health needs. Since it was agreed that only one major problem should be considered at a time,

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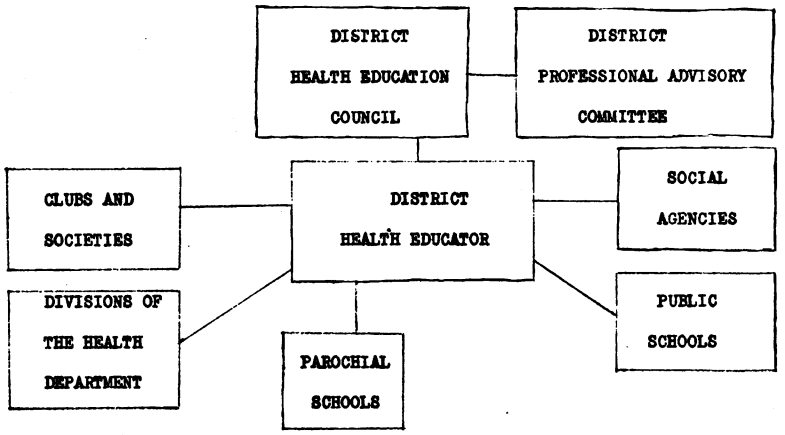

they were anxious to select the most pressing need.

The survey method was adopted. Using materials provided by the educator, each member analyzed a given area. These reports were discussed at an open meeting and the problem was selected. The health educator is able to guide the committee to some extent in its selection since she has the information which enables her to explain needs and problems to her group.

The first problem this group elected to solve was that of rat control. Time does not permit a long description of the activities carried out by the committee concerning this problem. In the course of the months during which this

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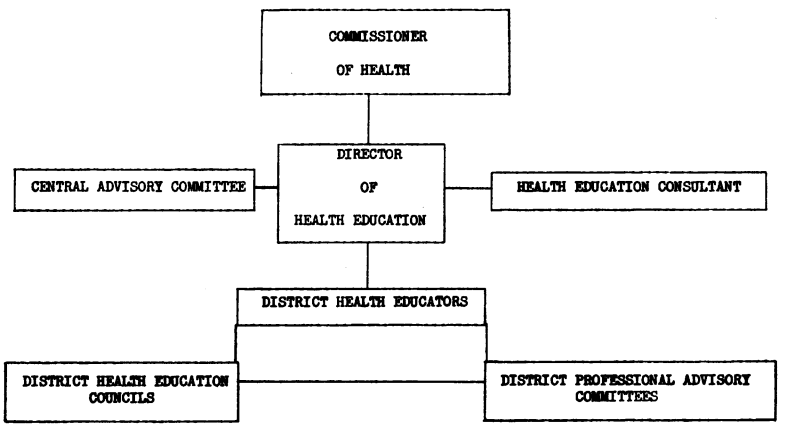

question was their main concern, they held an open house at the Health Unit, explaining rat control by means of exhibits, movies, and speakers. They helped the educator work out a leaflet and a poster which were printed and distributed. Exhibits were placed in store windows, libraries, and settlement houses. The health educator provided a teaching unit for each teacher in the sixth, seventh, eighth, and ninth grades. Many excellent pieces of pupil work attest to the efficacy of this phase of the program. The children also attended illustrated lectures and movies which the educator provided at school assemblies.

Other divisions of the Health Department coöperated with the program. The nurses distributed fliers announcing public meetings to the people with whom they came into contact. The sanitary inspectors gave advice on rat control. The food inspectors urged all food handlers to take proper steps to rat proof storerooms containing supplies.

After the program was under way, the need was felt to reach every person in the district. The committee members were willing to visit every home but considered themselves inadequate to render expert advice on this subject, even though they had familiarized themselves with all the available literature. The sanitary division of the Health Department was asked to help, and two rat control experts were placed at the service of the committee. It was decided to make a sample survey of a typical block in the district, tabulating the findings of rat infestation and giving rat control advice to every landlord and tenant. Each house and every apartment was to be visited. Survey forms were prepared under the guidance of the consultant in sanitation, Professor Murray P. Horwood. The Division of Predator Control of the U. S. Department of the Interior helped both in the preparation of the survey cards and in the sample survey. A definite procedure was agreed upon for the uniform recording of findings.

The results of the sample block survey were so convincing that it was decided to survey the entire district. This work is still continuing. The people of the district were anxious to have the survey extended to all parts of the section and urged the committee to have the Health Department inspectors reach their homes. The committee members advised the people of a block that the inspectors would visit them the next week. In this way the inspectors, coming by invitation, are then expected and find all the people very coöperative. The resident accompanies the inspector on his survey so that he may learn what evidences there are of rat infestation and ways of overcoming the rodent. Literature is left with each person. In this way, the survey has become a people's project and involves true education rather than merely survey statistics.

This description of some of the activities of the committee, illustrates the way in which all the facilities of the district are concentrated on a single problem. Unlike short campaigns, this type of program has the advantage of continuity. Children and adults alike are frequently reminded of their part in solving a community problem. There has not been one instance in which cooperation was refused. Some people are more active than others, but that is to be expected.

The problem is by no means solved as yet. Rat control is too big a problem with too many ramifications beyond the control of the individual to be entirely solved in a few months. The program has, however, awakened the people to the recognition of the existence of the problem. They now know the dangers of a large rat population. They know what rats cost the community. They are now beginning to do something about rat control and they have

the information they need to work intelligently.

There is another important feature of our district education organization. It became apparent that unless a large number of the residents felt themselves a part of the program, the committee would resolve itself into just another group in a district thickly studded with social organizations of various kinds. To avoid this possibility, it was decided to form the North End Health League, with individual members who were residents of the district, and group members consisting of clubs, societies, and labor organizations. The lay committee was to be the executive group, calling itself the North End Health Council. Each club joining the League was to have the privilege of sending a representative to the council. The members of the original committee undertook this task of securing group members. The list of social groups was carefully checked and clubs purely political in set-up were eliminated. About twenty-five organizations were invited to join, most of which did so immediately. In this way, such groups as the American Legion posts, the Veterans of Foreign Wars, and many others became members of the council. Their club meetings now became ready-made audiences for the program. There is no need to try to gather an audience, since the total membership of these clubs includes practically every adult in the entire district.

I have described the organization of a single district in fairly complete detail, since it illustrates the principles employed by the health education program. We have a city-wide advisory committee of experts from other organizations, which discusses all plans with the consultant and the health educators. In this way, we have the benefit of their advice and avoid conflict with other programs. Very often valuable assistance is obtained. One of the representatives of the advisory committee, for example, is the head of our Community Health Association which provides the visiting nurses in our city. These nurses are very coöperative and help wherever possible. Their support of the program, permits a multiplicity of approaches that makes for good education. This type of coöperation also permits an impartial evaluation of the work accomplished and does away with many pitfalls that otherwise might not be avoided.

As a health officer, I am particularly enthusiastic about the benefits of a health education program. Since the educators work in close contact with the residents of the community, they can help in interpreting the work of the other divisions of the Health Department. They form a contact between the people and the technical workers of the department. By interpreting the purposes and services of the Health Department, they make the residents of the city far more receptive to its work.

Since February 1, 1943, the services of five health educators as well as the continued consultant service of Dr. Turner have been available to extend this program on a city-wide scale. The Health Department has always had the complete responsibility for health work throughout the parochial school system. A new curriculum in health education has been completed by the Director of our Health Education Service, working with committees from the Health Department and the office of the Diocesan Director, for use in these schools. The district health educators are also acceptable to the public school system, since they hold the degree of Master in Education as well as the Certificate in Public Health in the field of health education. This makes possible the simultaneous development of school health education and adult education as illustrated by the

rat control program in the North End.

There are, of course, certain city-wide activities of public health education such as printed matter, newspaper articles, radio exhibits, and in-service training of personnel. These are an important part of health education, but I believe a health education program which consists only of these activities is far from adequate. The essence of good health education in a large community, as I see it, is the organization of key people and social groups in the various sections of the city to find and to help solve their health problems. With such a program, the health department can really become the appreciated servant of the people instead of a policing agency. This recognition and appreciation of the value of a strong and well equipped health department is reflected by active support for new programs and adequate working funds. A health education division, staffed by well trained workers, is an essential part of any public health department.